

City of San Antonio

Application for Employment

MUNICIPAL COURT JUDGE



Office of the City Clerk
Mailing Address: P.O. Box 839966
San Antonio, Texas 78283-3966
(210) 207-7253

Equal Opportunity/Affirmative Action Employer

City of San Antonio

Application for Employment

1. Are you currently an employee of The City of San Antonio? ☐ Yes or ☐ No

2. Job Title	3. Job Number	4. Department	5. Classification <input type="checkbox"/> Classified <input type="checkbox"/> Non Classified
7. Applicant Type: <input type="checkbox"/> 01 - Not Currently a City Employee <input type="checkbox"/> 02 - Currently a City Employee <input type="checkbox"/> 07 - Applicant for Temporary Employment <input type="checkbox"/> 08 - Previous City Employee left before May 2004 <input type="checkbox"/> 09 - Previous City Employee left after May 2004		6. FLSA Status: <input type="checkbox"/> 8 App Range: (Internal Use Only) 9. Personnel Officer (Internal Use Only)	

Personal Information

10. Title (Optional) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Ph.D	11. Last Name	12 First Name	13 Middle
14. SSN		15 Street Address: Apt No.	
16 City		17. State	18. Zip
20 Primary Phone		19 Country <input type="checkbox"/> US - US <input type="checkbox"/> MX - Mexico <input type="checkbox"/> CA - Canada <input type="checkbox"/> OT - Other	

21. Email Address:

22. Qualifications

Computer Skills			
Microsoft Word	<input type="text"/>	Years	Microsoft Frontpage
Microsoft Access	<input type="text"/>	Years	Microsoft Project
Microsoft Power Point	<input type="text"/>	Years	Microsoft NetMeeting
Microsoft Outlook	<input type="text"/>	Years	Microsoft Internet Explorer
Crystal Reports	<input type="text"/>	Years	Adobe Acrobat

23. High School Education

☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ High School Graduate ☐ GED

Name of High School Attended: _____

Country:

☐ US - USA
☐ MX- Mexico
☐ CA- Canada
☐ OT- Other

From

M M Y Y

To

M M Y Y

College Education

24. Name of College Attended: _____

From

M M Y Y

To

M M Y Y

25. Major: _____

26. Number of Hours or Semesters Completed.

☐ Hours ☐ Semesters

27. Year Graduated

M M Y Y

28.

Associates ☐Bachelors ☐Masters ☐Ph.D ☐

24. Name of College Attended: _____

From

M M Y Y

To

M M Y Y

25. Major: _____

26. Number of Hours or Semesters Completed.

☐ Hours ☐ Semesters

27. Year Graduated

M M Y Y

28.

Associates ☐Bachelors ☐Masters ☐Ph.D ☐

24. Name of College Attended: _____

From

M M Y Y

To

M M Y Y

25. Major: _____

26. Number of Hours or Semesters Completed.

☐ Hours ☐ Semesters

27. Year Graduated

M M Y Y

28.

Associates ☐Bachelors ☐Masters ☐Ph.D ☐**29. Languages**

Chinese	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
French	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
German	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Hebrew	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Hindi	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Italian	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Japanese	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Russian	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Spanish	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Swahili	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Other Foreign Language	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>
Sign Language	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>	Speak	<input type="checkbox"/>

30. If the job for which you are applying requires driving, please answer the following questions:

Driver's License # _____

Type: ☐ CDL
☐ Regular

Class: ☐ Class A
☐ Class B
☐ Class C
☐ Class M

State

Expiration date

M M Y Y Y Y

Country:

US - USA
MX- Mexico
CA- Canada
☐ OT- Other

Endorsements: _____ Restrictions: _____

31. List all Professional Licenses, Certificates:

33. List all moving violation convictions within the last five years.

Date MM/YY	City	Country	State	Description

32. Have you ever been convicted of a misdemeanor (other than traffic violations) or felony? ☐ Yes or ☐ No

If you checked Yes, Please list any and all convictions.

Type of Offense	Date MM/YY	City	Country	State	Action Taken

34. Have you ever been employed by the City of San Antonio? ☐ Yes or ☐ No

Department: _____

Start

M M Y Y

End

M M Y Y

35. Do you have any relatives (by blood or marriage) working for the City of San Antonio? ☐ Yes or ☐ No

Name	Department	Relationship

36. Involuntary Terminations

Has your employment ever been involuntarily terminated or have you ever resigned to avoid discharge (for any reason except lack of work) within the past ten years? ☐ Yes or ☐ No

If yes, list name and address of employer and date and reason for discharge/resignation.

Employer _____

Street Address _____

City _____

State

Zip

Country

Reason: (limited to 250 Characters)

37. Previous Employment

Start	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	End	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	Employer				
				Street Address				
Job Title				City		State		
Monthly Salary				Zip		Country		
Supervisors Name								
Phone Number				May we contact your supervisor? <input type="checkbox"/> Yes or <input type="checkbox"/> No				
Duties: (limited to 350 Characters)								
Reasons for Leaving: (limited to 250 characters)								

Start	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	End	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	Employer				
				Street Address				
Job Title				City		State		
Monthly Salary				Zip		Country		
Supervisors Name								
Phone Number				May we contact your supervisor? <input type="checkbox"/> Yes or <input type="checkbox"/> No				
Duties: (limited to 350 Characters)								
Reasons for Leaving: (limited to 250 characters)								

Start	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	End	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	Employer				
				Street Address				
Job Title				City		State		
Monthly Salary				Zip		Country		
Supervisors Name								
Phone Number				May we contact your supervisor? <input type="checkbox"/> Yes or <input type="checkbox"/> No				
Duties: (limited to 350 Characters)								
Reasons for Leaving (limited to 250 characters)								

Equal Opportunity / Affirmative Action Survey. Completion of this section is voluntary.

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, RELIGION, COLOR, AGE, SEX, NATIONAL ORIGIN, ANCESTRY, POLITICAL BELIEF, OR DISABILITY

The City of San Antonio Requests the following information to help comply with government record keeping and reporting in connection with our affirmative action activities. This confidential form will be detached from your application before being forwarded to hiring officials. This information will have no bearing upon the process of considering you for employment.

38. <input type="checkbox"/> YES, I am at least 40 years old		<input type="checkbox"/> NO, I am not at least 40 years old	
39. Female <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed <input type="checkbox"/>		40. Job Advertisement	
41. Ethnicity:		How did you learn about this job?	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> 01 = City employee	
<input type="checkbox"/> Non-Minority		<input type="checkbox"/> 02 = Came on my own	
<input type="checkbox"/> Other		<input type="checkbox"/> 03 = City advertisement	
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> 04 = City recruitment officer	
<input type="checkbox"/> African American		<input type="checkbox"/> 05 = Another government agency	
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> 06 = Placement officer at my school	
		<input type="checkbox"/> 07 = Internet	
		<input type="checkbox"/> 08 = Television	
		<input type="checkbox"/> 09 = Newspaper	
		<input type="checkbox"/> 10 = City Job Line	
		<input type="checkbox"/> 11 = Private employment agency	
		<input type="checkbox"/> 12 = Other	

Additional Applicant Information

42. Military:	<input type="checkbox"/> Yes or <input type="checkbox"/> No	From					To					43 Branch:
44 Type of discharge:			M	M	Y	Y		M	M	Y	Y	<input type="checkbox"/> Army
45. Highest Rank:												<input type="checkbox"/> Air Force
46 Military Status:	<input type="checkbox"/> (00) None	<input type="checkbox"/> (01) Active Reserves	<input type="checkbox"/> (02) Inactive Reserves									<input type="checkbox"/> Navy
47 Veteran Status:	<input type="checkbox"/> Yes or <input type="checkbox"/> No											<input type="checkbox"/> Marines
48. Disability:	<input type="checkbox"/> Yes or <input type="checkbox"/> No											
49. Do you require reasonable accommodation in connection with the application?: <input type="checkbox"/> Yes or <input type="checkbox"/> No												

If any of the positions you are applying for are temporary positions, you must read the "Temporary Employment Information".
Temporary Employment Information

Temporary employees are unclassified employees hired by the City to fill positions where the needs of the City do not warrant a permanent full-time employee. A temporary employee's appointment(s) is for a definite period of time and shall not exceed 960 hours in a fiscal year except:

1. An on-call position, requiring an employee to work on an on-going basis but only as needed and as available on a non-consecutive basis;
2. A position resulting from participation in a federally or state funded program that provides support services to include job training;
3. A cooperative work-study program with an educational institution;
4. An intern position hired to develop job skills in preparing for entry into the workforce while enrolled in an educational institution;
5. A Summer Youth Program.

Temporary employees are not entitled to any civil service benefits, health benefits or other City benefits or incentives unless mandated by Federal or State Law.

The City of San Antonio may terminate the employment relationship with any temporary employee(s) at any time.

Upon hire, you will be provided with a copy of the Administrative Directive governing Temporary Employment Status.

My electronic signature below indicates that I have read and understand the Temporary Employment Information stated above.

CERTIFICATION

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the City of San Antonio to conduct a background check pertaining to my suitability for employment which may include a criminal history check and medical evaluation. I hereby release said companies, schools or persons from all liability for any damage of issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination and this employer shall not be liable in any respect for such action or termination. As an applicant for employment with the City of San Antonio, I understand that, if hired, I must comply with the employee Drug and Alcohol Policy and the Immigration Reform and Control Act of 1986, which requires proof of employment eligibility. Additionally, I agree to submit to a pre-employment drug screening test if requested or required by the City of San Antonio and understand that my application will not be processed if I fail to do so.

Signature: _____

Date: _____

Name: _____

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I hereby state that all of the information in this questionnaire is true and correct. I further request all law enforcement officials and criminal justice agencies to release any criminal history records concerning me to the City Attorney of the City of San Antonio in order that qualifications may be checked.

I understand that if a request is made by any member of the public for information included in this questionnaire, most of the information must be disclosed under the Public Information Act. I understand the City of San Antonio will attempt to maintain the confidentiality of highly private matters, such as medical records or private reprimands and unfounded complaints reviewed by the State Commission on Judicial Conduct or a Grievance Committee of the State Bar of Texas, by seeking an Attorney General's opinion in accordance with the Public Information Act. I understand that it may not be legally possible to maintain the confidentiality of such information and I hereby release the City of San Antonio, and its agents, employees and officers, from any and all liability whatsoever if the information must be released pursuant to the Public Information Act or any other law requiring its release.

Signature

SWORN TO AND SUBSCRIBED TO BEFORE ME BY THE AFFIANT ON THIS _____ DAY OF _____,
200____.

Notary Public, State of Texas

My Commission Expires: _____

Title

1. Full name, state bar number and date of admission, social security number and Texas driver's license number.

3. List all courts, with date of admission, other than Supreme Court of Texas, in which you have been admitted to practice.

4. On an attached sheet, describe in detail and chronologically your law practice and professional experience after your graduation from law school, including a description of your practice and specialty(ies).

5. If State Bar of Texas certified as a specialist, please indicate the specialty and date of certification.

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6. With respect to the last five years as a practicing attorney (and prior to any current judicial service), estimate the following:

(a) Did you appear in court regularly, occasionally, or not at all? If the frequency of your appearances in court has varied during this period, describe each such variance, giving the dates thereof. (insert additional pages as required.)

(b) What percentage of these appearances was in:

(I) federal court? _____ %
 (II) state court of record? _____ %
 (III) municipal court? _____ %
 (IV) other courts? _____ %

(c) What percentage of your litigation was:

(I) civil? _____ %
 (II) criminal? _____ %

(d) State the approximate number of cases in courts of record you tried to verdict. Do not include cases settled or plea-bargained. Please attach a list of representative examples including cause number, court and date of verdict, if available.

(e) What percentage of these trials was:

(I) jury? _____ %
 (II) non-jury? _____ %

(f) What percentage of these trials was:

(I) civil? _____ %
 (II) criminal felony? _____ %
 (III) criminal misdemeanor? _____ %
 (IV) criminal class c, fine only? _____ %

(g) List the approximate number of cases in which you represented a party on appeal. If any resulted in a published opinion, please attach a list of cases with citation(s) and court.

7. On an attached sheet, describe three (3) of the most significant litigated matters which you personally handled. Identify as to each case: (i) style, number court and date; (ii) citations, if the cases were reported; (iii) capsule summary of the substance of each case, and a succinct statement of what you believe to be the particular significance of the case; (iv) name, address and telephone number of all counsel; (v) describe in detail the nature of your participation in the litigation, and the final disposition of the case.

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8. List each political office held or sought (other than the office currently sought) and the terms thereof.
9. Cite any legal article, books, briefs, or other legal writings which reflect your personal work.
10. List all bar associations and professional societies of which you are a member and give the title and dates of any office which you have held in such groups. List also chairmanships of any committees in the bar associations, professional societies, and memberships on any committees which you believe to be of particular (e.g. judicial selection committee, grievance committee, etc.) significance. Also, list any professional honors you have received.

(a) Is your license in good standing with the State Bar?
11. List all organizations other than the bar associations or professional associations or societies of which you are, or have been, a member including civic, charitable, religious, and educational organizations. Also, indicate offices held and honors bestowed.
12. Have you ever been or are you now engaged in any occupation, business or profession other than the practice of law or holding judicial or other public offices? If so, give details, including dates.

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Pursuant to the Ethics Code of the City of San Antonio, Ordinance 88874, effective January 1, 1999 (website address: www.sanantonio.gov/atty/ethics):¹

13. Please list the name of any person related to you as a parent, child or spouse:

<u>Parent</u>	<u>Child</u>	<u>Spouse</u>
_____	_____	_____
_____	_____	_____

14. Please list the name of any member of your household not disclosed in No. 13 above.

<u>Name of Member</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

15. Please list the name of your employer and the employer(s) of your parent, child or spouse:

<u>Your Employer</u>	<u>Parent's Employer</u>	<u>Child's Employer</u>	<u>Spouse Employer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Please list the name of any business which you know is a partner, or a parent or subsidiary business entity, of a business entity owned, operated, or managed by you or your spouse:

<u>Name of Business</u>	<u>Partner/Parent/Subsidiary</u>	<u>You/Your Spouse</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

¹Amended by Ordinance 90313, effective August 19, 1999; Ordinance 93998, effective May 21, 2001; Ordinance 97711, effective June 9, 2003; Ordinance 98709, effective January 15, 2004; and Ordinance 100283, effective January 13, 2005.

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17. Please list the name of any business entity¹ (including self employment in the form of a sole proprietorship under a personal or assumed name) in which you or your spouse holds an economic interest²

Full name of spouse (including maiden name): _____

<u>Name of Business Entity</u>	<u>Address</u>	<u>Type of Economic Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Please list the name of any person or business entity from whom you or your spouse, directly or indirectly (a) has received and not rejected an unsolicited offer of subsequent employment or (b) has accepted an offer of subsequent employment which is binding or expected by the parties to be carried out:

<u>From whom offered</u>	<u>By whom received/accepted</u>
_____	_____
_____	_____

19. Please list the name of each non-profit or business entity in which you serve as an officer or director, or in any other policy making position:

<u>Name of Nonprofit Entity or Business Entity</u>	<u>Title of Policy Making Position</u>
_____	_____
_____	_____

¹Business Entity. "Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint-stock company, receivership, trust, unincorporated association, or any other entity recognized by law.

²Economic Interest. "Economic interest" includes, but is not limited to, legal or equitable property interests in land, chattel, intangibles, and contractual rights having more than de minimis value. Service by a City official or employee as an officer, director, advisor, or otherwise active participant in an educational, religious, charitable, fraternal, or civic organization does not create for that City official or employee an economic interest in the property of the organization. Ownership of an interest in a mutual or common investment fund that holds securities or other assets is not an economic interest in such securities or other assets unless the person in question participates in the management of the fund. Ownership of stock in a publicly traded corporation does not constitute ownership if the employee or official owns less than 10% of the voting stock or shares of the entity and the value of the stock is less than \$15,000.

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20. Please list the name(s) of each business entity¹ that has sought City business, has a current City contract or anticipates seeking City business in which you, your spouse, parent or child is known to directly or indirectly own ten percent (10%) or more of the voting stock or shares of the business entity or ten percent (10%) or more of the fair market value of the business entity.

<u>Name of Business Entity</u>	<u>Contract</u>	<u>By whom owned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Please list the name of any business entity of which you or any individual or entity disclosed under No. 20 is known to be: (a) a subcontractor on a City contract; (b) a partner; or (c) a parent or subsidiary business entity:

<u>Name of Business Entity</u>	<u>Subcontractor/Partner/Parent</u>	<u>Owner</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Please list the name of each source of income, other than dividends or interest, amounting to more than \$5,000 received during the previous year by you or your spouse, unless that source has been disclosed under Nos. 15 – 21:

<u>Name of Source of Income Received by You</u>	<u>Name of Source of Income Received by Spouse</u>
_____	_____
_____	_____

23. Please identify by street address or legal or lot-and-block description, all real property* located within the State of Texas in which you or your spouse has a leasehold interest, a contractual right to purchase, or an interest as: fee simple owner; beneficial owner; partnership owner; joint owner with an individual or corporation; or owner of more than 25% of a corporation that has title to real property.

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- * THERE IS NO REQUIREMENT TO LIST ANY PROPERTY:
- (1) Used as a Personal Residence of a Peace Officer;
 - (2) Over which you have no decision power concerning acquisitions or sale; or
 - (3) Held through a real estate investment trust, mutual fund, or similar entity, unless you or your spouse participates in the management thereof:

<u>Street Address, or Legal or Lot-and-Block Description</u>	<u>Type of Interest/Right/Ownership</u>
_____	_____
_____	_____
_____	_____

24. Please list the names of any individual or entity to whom you, or your spouse, owes an unsecured debt of more than \$5,000. DO NOT INCLUDE debts for: (1) money borrowed from a family member from his/her own resources or (2) revolving charge accounts.

<u>Name of individual or entity to whom owed</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

25. Please list the name of each person, business entity or other organization from whom you or your spouse received a gift with an estimated fair market value in excess of \$100.00 during the past year and the estimated fair market value of each gift*.

GIFT. "GIFT" MEANS A VOLUNTARY TRANSFER OF PROPERTY (INCLUDING THE PAYMENT OF MONEY) OR THE CONFERRAL OF A BENEFIT HAVING PECUNIARY VALUE (SUCH AS THE RENDITION OF SERVICES OR THE FORBEARANCE OF COLLECTION ON A DEBT), UNLESS CONSIDERATION OF EQUAL OR GREATER VALUE IS RECEIVED BY THE DONOR.

EXCLUDED FROM THIS REQUIREMENT ARE:

- (1) LAWFUL CAMPAIGN CONTRIBUTIONS WHICH ARE REPORTED AS REQUIRED BY THE STATE STATUTE;
- (2) GIFTS RECEIVED FROM FAMILY MEMBERS WITHIN THE SECOND DEGREE OF AFFINITY OR CONSANGUINITY;
- (3) GIFTS RECEIVED AMONG AND BETWEEN FELLOW CITY EMPLOYEES AND CITY OFFICIALS; AND
- (4) ADMISSION TO EVENTS IN WHICH YOU PARTICIPATED IN CONNECTION WITH OFFICIAL DUTIES.

<u>Person, Business Entity or Other Organization</u>	<u>Estimated Fair Market Value</u>
_____	_____
_____	_____
_____	_____

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26. Have you ever been arrested, charged or held by federal, state or other law enforcement authorities for violation of any federal law or regulation, state law or regulation, county or municipal law, regulation or ordinance? If so, give details. Do not include traffic violations unless you were arrested for outstanding traffic warrants.
27. Has a federal, state, county or municipal tax lien ever been filed against you or have you (or a company in which you have a principal) filed for bankruptcy? If so, give particulars.
28. Are you current for all federal, state, county, school and city taxes? If not, give particulars.
29. Have you been the subject of a complaint or received any notices for violating any City of San Antonio ordinances? If so, give particulars.
30. Have you been sued by a client in the last five (5) years? If so, give particulars.
31. Have you ever been a party in any other legal proceedings not listed previously in answer to questions 26 to 30? If so, give particulars. Do not list proceedings in which you were merely a guardian ad litem, or a party to a divorce. Include all legal proceedings in which you were a party in interest, were named as co-conspirator or a correspondent, and any grand jury investigation in which you figured as a subject.

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32. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, bar association, disciplinary committee, or other professional group? If so, give particulars.
33. If you have been ordered by the court to pay child support, is that support current?
34. Describe any language capability you have other than English.
35. List at least five (5) references by name, address, and telephone number:
36. Questions dealing with Charter requirements concerning residency within the City of San Antonio* for eligibility of appointment (Please answer yes or no).
- a. Do you reside in the City of San Antonio?_____
 - b. If so, have you resided in the City of San Antonio for the previous three years?_____
 - c. List your current home address, zip code and telephone number.
 - d. If you have had more than one home address over the previous three years, list addresses, zip codes and telephone numbers.

* e.g. – Example: Castle Hills, Hollywood Park, Alamo Heights are separate incorporated cities and are not considered to be City of San Antonio.

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37. Are you willing to work under the supervision of the Presiding Municipal Court Judge?
38. If appointed as a full-time judge, are you aware you must give up any outside practice of law?
39. If you are appointed as a part-time judge, are you willing to promise not to be directly or indirectly involved in cases which may pose a conflict of interest regarding your appointment with the City?
40. Do you understand that if you are appointed as either a full-time or part-time judge that your appointment is for a term of two years, and that the City Council has sole discretion in appointment and/or reappointment?
41. Do you understand that if you are appointed as either a full-time or part-time judge, you must notify the Presiding Judge and the Quality of Life Committee of your intent to run for a political office?
42. If you are appointed as either a full-time or part-time judge, do you pledge that you will not actively participate in City Elections, and will adhere to the Code of Judicial Conduct, including but not limited to Canon 5 (Political Activity)?
43. If you are appointed as either a full-time or part-time judge, do you pledge that you will notify the Quality of Life Committee, through the Presiding Judge, of any violations of federal, state or municipal law within three days of being notified of such violations? (Traffic citations will not be included unless a warrant is issued.)
44. If you are appointed as either a full-time or part-time judge, do you pledge that you will notify the Quality of Life Committee, through the Presiding Judge, if any liens or levies are placed on your personal or real property as a result of back taxes?

Name: _____

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AUTHORIZATION

The State Commission on Judicial Conduct and the Grievance Committee of the State Bar of Texas are hereby authorized and requested to release any information they may have about the undersigned to the City of San Antonio and further, for the Quality of Life Committee or its designee to contact and interview any person indicated from such data or other sources. (A photocopy of this Authorization shall be as satisfactory as the original.)

Signature

Printed Name

Business Address

Home Address

State Bar No. _____

Date of Admittance _____

Subscribed and sworn to before me by the said affiant on this _____ day of _____, 200_____.

Notary Public, State of Texas

My Commission expires: _____

(seal)

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ALL APPLICANTS MUST COMPLETE THIS CHECKLIST:

NAME: _____

STATE BAR #: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE NUMBER: _____

U.S. CITIZEN? (Y)_____ (N)_____

BUSINESS ADDRESS: _____

OTHER BUSINESS: _____

CURRENT HOME ADDRESS: _____

CURRENT TELEPHONE #: _____

PREVIOUS HOME ADDRESS: _____

PREVIOUS TELEPHONE #: _____